United States District Court District of New Hampshire



2015 MAR 18 A II: 35

HAVERSTALL	
Plaintiff	
v. N.H.S.P. WAZDEN ET AL. Defendant(s)	Civil Action No(To be provided by Clerk's Office)
	TO BE COMPLETED BY PLAINTIFF (Check One Only) (DEMAND FOR JURY TRIAL (NO JURY TRIAL DEMAND)
COMPLAINT UNDER THE CI	VIL RIGHTS ACT, 42 U.S.C § 1983
I. <u>Parties</u>	
A. Please provide the following information	on for each plaintiff:
1. Name HAVERSTICK (Last)	(First) (Initial)
2. Place of Detention N.H.s.P.	MEN Concord
3. Institutional Address P. o 3 o	MEN Concord x 14 Concord NH
	03301
4. Are you incarcerated pursuant to a preti	rial detention order or are you a sentenced inmate?
☐ Pretrial Detention Order Sentenced Inmate	
5. Date pretrial detention order was issued	l or sentence imposed MAY 5-7h

(If the complaint is being made against more than one defendant, please attach additilisting the above information and allegations as follows.) Statement of Claim For each claim, please include the following information on attached sheets: 1. State which of your federal constitutional or federal statutory rights have been violated. 2. State which defendant(s) have violated that particular right for each allegation. 3. State, with specificity, the facts and circumstances that gave rise to the violations or dalleged.	
2. Title WARDEN 3. Address Pro. Box 14 Concord NIH (If the complaint is being made against more than one defendant, please attach additilisting the above information and allegations as follows.) Statement of Claim For each claim, please include the following information on attached sheets: 1. State which of your federal constitutional or federal statutory rights have been violated. 2. State which defendant(s) have violated that particular right for each allegation. 3. State, with specificity, the facts and circumstances that gave rise to the violations or dalleged.	
3. Address Pro. Box 14 Concord With (If the complaint is being made against more than one defendant, please attach additilisting the above information and allegations as follows.) Statement of Claim For each claim, please include the following information on attached sheets: 1. State which of your federal constitutional or federal statutory rights have been violated. 2. State which defendant(s) have violated that particular right for each allegation. 3. State, with specificity, the facts and circumstances that gave rise to the violations or dalleged.	
(If the complaint is being made against more than one defendant, please attach additilisting the above information and allegations as follows.) Statement of Claim For each claim, please include the following information on attached sheets: 1. State which of your federal constitutional or federal statutory rights have been violated. 2. State which defendant(s) have violated that particular right for each allegation. 3. State, with specificity, the facts and circumstances that gave rise to the violations or dalleged.	
(If the complaint is being made against more than one defendant, please attach additilisting the above information and allegations as follows.) Statement of Claim For each claim, please include the following information on attached sheets: 1. State which of your federal constitutional or federal statutory rights have been violated. 2. State which defendant(s) have violated that particular right for each allegation. 3. State, with specificity, the facts and circumstances that gave rise to the violations or dalleged.	
Statement of Claim For each claim, please include the following information on attached sheets: 1. State which of your federal constitutional or federal statutory rights have been violated. 2. State which defendant(s) have violated that particular right for each allegation. 3. State, with specificity, the facts and circumstances that gave rise to the violations or dalleged.	301
For each claim, please include the following information on attached sheets: 1. State which of your federal constitutional or federal statutory rights have been violated. 2. State which defendant(s) have violated that particular right for each allegation. 3. State, with specificity, the facts and circumstances that gave rise to the violations or dalleged.	tional sheets
 State which of your federal constitutional or federal statutory rights have been violated. State which defendant(s) have violated that particular right for each allegation. State, with specificity, the facts and circumstances that gave rise to the violations or dalleged. 	
 State which defendant(s) have violated that particular right for each allegation. State, with specificity, the facts and circumstances that gave rise to the violations or dalleged. 	
3. State, with specificity, the facts and circumstances that gave rise to the violations or dalleged. 4. State the horm or democrathet resulted from the alleged violation or democratical.	lated.
alleged. 4. State the horse or democrathet resulted from the alleged violation or democration	
4. State the harm or damage that resulted from the alleged violation or deprivation.	deprivations
Allowation to the gath	
Allegation 1: VIO. 5 HMMendmens / 11ee from Crull and unusual p	Dunnishment
Allegation 1: Vio. 8 Ammendment Free from Cruz and unusual post Supporting Facts: Plaintiff has requested Dentures from dental as been denished. Plaintiff has described in stetuic to dental authors under great Pain in Consumming and digesting food due to passely they has food.	dept. and ul medical That o his masilit.
SEE AttAched Reglies orby documents Relevent	

II.

Allegation 2: Don'al of pager Medical Care
Supporting Facts: Plaintiff hus requested deutal treatment in the form of denourer. Dental deft. has told Plaintiff that he does not qualify for dental treatment / Denoures untill he has served at five (5) years OT N.H.S.P.
Allegation 3: Eghal protection. Supporting Facts: other inmares returtiently recive dental core and the Prison provides dentances to inmares i housever refuses to in the plantage. Case.
(If more space is needed to explain any allegation or to list additional facts, attach additional pages)
III. Relief
You must request specific relief in your Complaint. State briefly exactly what you want the court to do for you (attach additional pages if necessary):
H Temp. injunction ordering the prisons dental Dept. To fit Hairith and make for glains. It a complete set of Dentures. Her, injunction ordering the prisons dental Dept. provide contained dental and medical lare for plaintit. And medical lare for plaintit. Heritice Damayes, Damayes for Pain and Suffering, Nomminal damayes and other Just telist as ordered by this court. Date: 3/16/15

Signature of Plaintiff

State of New Hampshire]		
County of] ss	1	
	heing first dul	y sworn, upon oath, presents that (s)he has read
and subscribed to the foregoing complaint, an correct.	d states that t	he information contained therein is true and
Subscribed and sworn before me this	day of	, 20
	_	Notary Public/Justice of the Peace
	O R	
I DECLARE UNDER PENALTY OF PERAND CORRECT.	RJURY THAT	THE FOREGOING INFORMATION IS TRUE
3-/6-/5 DATE	Garier	SIGNATURE
JURY '	TRIAL DEM	AND
I demand a jury trial for all claims for v	vhich a jury tr	ial is allowed.
YES (NO () (check one only)		
Date: 3-16-15	Signatu	re of Plaintiff

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lie	eutenant, CC/CM		DATE: 11-5-14
FROM: Hoverstick	Davian		ID#: 59343
Last Name	First Name	Middle Initial	•
Corcord	mcs 1-8	128	<u> </u>
Facility	Housing Unit .	Cell	Work/Shift
INMATE REQUEST: Reques	ting an a	proudment	to be seen
By a dentiet	, I would	like to ha	ve take
teeth, Secina	that I con	rently don-	haveany
teeth at all.	The bod i	ssue ection	Certain-things
Because of	ny Gums.	Please held	me
	, , -	<u> </u>	Thankyou
(If you need more space, use plain paper.)		Lun	as fewirate
(it you need more space, use plain papel.)			Inmate Signature
To: Dental Appa	alment		DATE: <u>11-5-14</u>
FROM: Unit Supervisor, Security	Lieutenant or CC/C	$^{2}\mathbf{M}$	
REMARKS:	_(٨	
KEWAKKS,	Nea	5 Preix	
	1100	R 15000	^ - 1
State of the state	and the second s		BO
**********	*******	*******	<i>Staff Signature</i> ************************************
	· ·		. ♥
FROM: OG TAL			DATE: 111414
Staff Member Name/Office			
REMARKS: You Were	Nd (a)	your c	dental
state that you	n did no	st qual	when for
destuces		—— ———————————————————————————————————	OIO
			i
	er V	((M)
			Staff Signature
**************************************	·· R	eceived By	

Pink - Staff

Yellow - Inmate

White - Offender Records Office

SP-014 (a) Rev. 11/06

INSTRUCTIONS

This form will be used by inmates of the New Hampshire Department of Corrections Facilities in Concord, Lakes Region, Goffstown, Berlin and Community Corrections Centers to communicate requests/issues to members of the Department of Corrections staff. Inmates serving sentences at other than New Hampshire State Prison Facilities may use stationery rather than inmate request slips.

The Yellow and White copies will be returned to you with a response. You must acknowledge receiving this response by signing the White original, which will then be returned to Offender Records for storage in archives for 3 years, after which it will be destroyed.

The Yellow copy is YOUR copy. Please keep this for your records. This is your receipt of the request.

Distribution of copies of this form: Give ALL copies to the Unit Supervisor, Security Lieutenant, or CC/CM.

ADDRESS YOUR REQUEST AS FOLLOWS

Give all requests to your Unit Supervisor, Security Lieutenant, or CC/CM for prompt attention.

Strictly Confidential Requests may be placed in a sealed envelope and addressed to the appropriate staff member or Office(Commissioner, Warden, Bureau Administration, Investigations). If it is determined that your request could have been handled by a different party, it will be returned to your Unit Supervisor, Security Lieutenant, or CC/CM.

IMPORTANT

DO NOT send requests written on other forms/paper. You **MUST USE THIS FORM** when communicating with staff. Other written forms will be returned unanswered.

Case 1:15-cv 00094-PB Document 1 Filed 03/18 Page 7 of 12 RECEIVED

INMATE REQUEST SLIP

CEC 22 2014

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lie	eutenant, CC/CM		DATE: Dec 21, 201
FROM: Haverslick	Davian		ID#: 59343
Last Name	First Name	Middle Initial	
Concord	South	1-8 58	\mathcal{A}
Facility	Housing Unit	Cell	Work/Shift
inmate request <u>: Sìr y</u> c	ou responde	d to A grie	vance addressed
to the Commiss		Dec 17,2814,	Regardance outher Adequate
dental care to whit	1 Complete De	inturest you	3 315
Answered Said green medical directors de			
Response of the C	ommissioner	himself?	
		\cap	
(If you need more space, use plain paper.)		Sal	ra Herrush
			Inmate Signature
ro: Chris Kench			DATE: Dec 21, 2014
FROM: Unit Supervisor, Security	Lieutenant or CC/	CM	₩ *
REMARKS:			
			2 44 54

FROM: Chick Control of the Staff Member Name/Offic	Mr. H.C	ommissicae	
NEWAKKS			
			*
:			<u> </u>
		·	
		·	

White - Offender Records Office

Yellow - Inmate

Pink - Staff

Received By

SP-014 (a) Rev. 11/06

INSTRUCTIONS

This form will be used by inmates of the New Hampshire Department of Corrections Facilities in Concord, Lakes Region, Goffstown, Berlin and Community Corrections Centers to communicate requests/issues to members of the Department of Corrections staff. Inmates serving sentences at other than New Hampshire State Prison Facilities may use stationery rather than inmate request slips.

The Yellow and White copies will be returned to you with a response. You must acknowledge receiving this response by signing the White original, which will then be returned to Offender Records for storage in archives for 3 years, after which it will be destroyed.

The Yellow copy is YOUR copy. Please keep this for your records. This is your receipt of the request.

Distribution of copies of this form: Give ALL copies to the Unit Supervisor, Security Lieutenant, or CC/CM.

ADDRESS YOUR REQUEST AS FOLLOWS

Give all requests to your Unit Supervisor, Security Lieutenant, or CC/CM for prompt attention.

Strictly Confidential Requests may be placed in a sealed envelope and addressed to the appropriate staff member or Office(Commissioner, Warden, Bureau Administration, Investigations). If it is determined that your request could have been handled by a different party, it will be returned to your Unit Supervisor, Security Lieutenant, or CC/CM.

IMPORTANT

DO NOT send requests written on other forms/paper. You **MUST USE THIS FORM** when communicating with staff. Other written forms will be returned unanswered.

Case 1:15-cv-00094-PB Document 1 Filed 03/18/15 Page 9 of



GRIEVANCE FORM
(See Reverse For Instructions)

DEPARTMENT OF CORRECTIONS
STATE OF NEW HAMPSHIRE
P.O. Box 14
Concord, New Hampshire 03302

CEC 18 2014

NH DOC
COMMISSIQNER'S OFFICE

STEPHEN J. CURRY COMMISSIONER

JOHN	Н.	LYNC	4
GO\	/EF	RNOR	

	$\mathcal{M}_{\mathcal{A}}$	1. Date: Dec 17.2014
2.	GRIEVANT: Haverstick DAVIAN	3. Number: <u>59343</u>
4.		
5.	Brief Description of Grievance: I do not	agree with Helen Hanks
	decision, I met with the d	I lian which is no help
		wh teog biotectin ou presiple
	to digest properly, is indeed a	
	torther medical problems down	The Frad Just Because I
		11 should that me trom
	Receiving de the white was	
		server 502 more years.
	- mank yo	o toxyours time.
	Signo	ture dances the alustic
	BIRDO Marie Company Co	(You will be penalized if statement is untrue)
		(You will be penalized it statement is diffide)
(119	Jse Attachments if necessary.)	
(03	750 Attaormonts in neocosary.	
To:	o: DIRECTOR (Warden)	Date of Director's Action:
Dire	irector's Action:	
		·
	*	
		· · ·
	· · · · · · · · · · · · · · · · · · ·	
	د في الرومة والمدين الشاعد و المنظمين المستخدمة المستخدمة والمستخدمة المستخدمة المستخدمة المستخدمة المستخدمة و المستخدمة المستخدمية المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة	thentication:
	/\u	incritication.
To:	o: COMMISSIONER	Date of Commissioner's Action: 12/18/14
		$n \mid n \mid n \mid 1 \mid $
Cor	ommissioner's Action: <u>いょ ふ〜ぐょき 大</u>	he former Pledica Jaco
		<u> </u>
	decision.	
	<u> </u>	
-	- Carlos de la ca	
	A	thentication:
	Au	menucation:

(FORWARD ALL THREE COPIES. WHITE WILL BE FILED IN OFFENDER RECORDS, CANARY TO RESPONDER AND PINK TO GRIEVANT.)

Case 1:15-cv-00094-PB Document 1 Filed 03/18/15 Page 10 of 12

INSTRUCTIONS FOR USE OF GRIEVANCE FORM

- 1. Fill in date sent.
- 2. Fill in your name.
- 3. Fill in your number; for prisoners, and parolees your prison number; for probationers your social security number or driver's license number.
- 4. Prisoners fill in your housing assignment; others your mailing address.
- 5. Briefly describe your grievance. Use additional blank pages or attachments if necessary. Provide enough information so that the recipient can understand the problem.
- 6. Sign the form. You are cautioned that if investigation of your grievance discloses that you were untruthful or misrepresented the facts, you will be disciplined for that violation.
- 7. The form MUST be sent to the Warden if you are a prisoner. Parolees and probationers MUST send the form to the Director of Field Services. The Warden or Director of Field Services will respond within fifteen (15) working days of receipt of the form. If resolution or investigation will take longer than 15 days, you will be provided an interim reply.
- 8. If the response from the Warden or the Director of Field Services does not resolve the issue satisfactorily, you may then file the grievance with the Commissioner. The Commissioner will respond within twenty (20) days with a final or interim reply.
- 9. Prisoners MUST use request slips to attempt to resolve issues prior to submitting a grievance. Grievances will not be accepted unless it is demonstrated that request slips have not worked or unless the grievance is a bonafide emergency or life-threatening situation. Attempts to by-pass the request slip system will simply be returned without action unless the grievance clearly shows earlier attempts to use the request slip system or that the situation is a bonafide emergency or life-threatening.
- 10. Grievances sent to the Commissioner by prisoners without evidence of the Warden's earlier action will be returned without action.
- 11. The grievance form may be used for second level appeals of disciplinary board results at the prison if the original appeal on a request slip was rejected in whole or in part under the following rules:
- a. Only two types of appeals are grievable: (a) allegations of procedural violations stating what procedural or process errors were made; or, (b) allegations of sentence disproportionateness alleging that the sentence was excessive and stating the reasons why.
- b. Questions relating to guilt or innocence or insufficiency or invalidity of evidence are <u>NOT</u> grievable at the second level (but they may be appealed at the first level on a request slip).
- c. Minor board results may be appealed to the Administrator of Security on a request slip. If the Administrator's response does not satisfy the inmate he may appeal to the Warden on a grievance form. The Warden's response on a minor board is final.
- d. Major board results may be appealed to the Warden on a request slip. If the Warden's response does not satisfy the inmate he may appeal to the Commissioner on a grievance form. The Commissioner's response on a major board is <u>final</u>.
- e. Appeals must state clearly what is being appealed and the reasoning upon which the appeal is based.



JOHN H. LYNCH GOVERNOR

GRIEVANCE FORM

(See Reverse For Instructions)

DEPARTMENT OF CORRECTIONS
STATE OF NEW HAMPSHIRE
P.O. Box 14
Concord, New Hampshire 03302

STEPHEN J. CURRY
COMMISSIONER

		1. Date: Nov 15, 2014
2.		K, DAVIAN 3. Number: 59343
4.	Address: NH State pris	ance: Im Pana denied false teethe
5.	Brief Description of Griev	ance: Im Jeng Taise Tect No
		assing my goms to bleed, I'm not able to
	Chew any two	informed that I don't availed for
		or Reasons, on prison & Here is 185 than 5yr
	and that I nev	er had anywork done in my mouth in
	prison. This is	discrimination. Please help/mi. Thankyou
**	<u></u>	Signature:
		(You will be penalized if statement is untrue)
	*** · · · · · · · · · · · · · · · · · ·	
(Us	e Attachments if necessary	7.)
		11/10/11
To:	DIRECTOR (Warden)	Date of Director's Action: 11/18/14
D:	Door Mr. U.	
DIFE	ector's Action: Dear Mr. na	averstick: Review of your dental record indicates you entered
pri	ector's Action: Dear Mr. Reson on 5/±5/14. Your	averstick: Review of your dental record indicates you entered dental intake in May 2014 shows a history of edentulous since
201	l, a condition prior to	o prison admission. By policy dentures will be provided when
a ni	l, a condition prior to utritianal deficien y y o ess your nutritional s	e prison admission. By policy dentures will be provided when exists. Dr. Dransite has ordered a dietary consultation to tatus to determine if you qualify under theepolicy. The dieti
a ni	l, a condition prior to utritianal deficien y y o ess your nutritional s	c prison admission. By policy dentures will be provided when exists. Dr. Dransite has ordered a dietary consultation to tatus to determine if you qualify under theepolicy. The dietiered diet to assist with your chewing.
a ni	l, a condition prior to utritianal deficien y y o ess your nutritional s	c prison admission. By policy dentures will be provided when exists. Dr. Dransite has ordered a dietary consultation to tatus to determine if you qualify under theepolicy. The dietiered diet to assist with your chewing.
a ni	l, a condition prior to utritianal deficien y y o ess your nutritional s	exists. Dr. Dransite has ordered a dietary consultation to tatus to determine if you qualify under theepolicy. The dietiered diet to assist with your chewing. Respectfully,
a ni	l, a condition prior to utritianal deficien y y o ess your nutritional s	c prison admission. By policy dentures will be provided when exists. Dr. Dransite has ordered a dietary consultation to tatus to determine if you qualify under theepolicy. The dietiered diet to assist with your chewing. Respectfully,
a ni	l, a condition prior to utritianal deficien y y o ess your nutritional s	exists. Dr. Dransite has ordered a dietary consultation to tatus to determine if you qualify under theepolicy. The dietiered diet to assist with your chewing. Respectfully,
a ni	l, a condition prior to utritianal deficien y y o ess your nutritional s	c prison admission. By policy dentures will be provided when exists. Dr. Dransite has ordered a dietary consultation to tatus to determine if you qualify under theepolicy. The dietiered diet to assist with your chewing. Respectfully,
a ni	l, a condition prior to utritianal deficien y y o ess your nutritional s	c prison admission. By policy dentures will be provided when exists. Dr. Dransite has ordered a dietary consultation to tatus to determine if you qualify under theepolicy. The dietiered diet to assist with your chewing. Respectfully,
a ni asso may To:	l, a condition prior to itritianal deficienty of ess your nutritional states also affer you an alto COMMISSIONER	c prison admission. By policy dentures will be provided when exists. Dr. Dransite has ordered a dietary consultation to tatus to determine if you qualify under theepolicy. The dietiered diet to assist with your chewing. Respectfully, Authentication:
a ni asso may To:	l, a condition prior to itritianal deficiency ess your nutritional st also affer you an alto	c prison admission. By policy dentures will be provided when exists. Dr. Dransite has ordered a dietary consultation to tatus to determine if you qualify under theepolicy. The dietiered diet to assist with your chewing. Respectfully, Authentication:
a ni asso may To:	l, a condition prior to itritianal deficienty of ess your nutritional states also affer you an alto COMMISSIONER	c prison admission. By policy dentures will be provided when exists. Dr. Dransite has ordered a dietary consultation to tatus to determine if you qualify under theepolicy. The dietiered diet to assist with your chewing. Respectfully, Authentication:
a ni asso may To:	l, a condition prior to itritianal deficienty of ess your nutritional states also affer you an alto COMMISSIONER	c prison admission. By policy dentures will be provided when exists. Dr. Dransite has ordered a dietary consultation to tatus to determine if you qualify under theepolicy. The dietiered diet to assist with your chewing. Respectfully, Authentication:
a ni asso may To:	l, a condition prior to itritianal deficienty of ess your nutritional states also affer you an alto COMMISSIONER	c prison admission. By policy dentures will be provided when exists. Dr. Dransite has ordered a dietary consultation to tatus to determine if you qualify under theepolicy. The dietiered diet to assist with your chewing. Respectfully, Authentication:
a ni asso may To:	l, a condition prior to itritianal deficienty of ess your nutritional states also affer you an alto COMMISSIONER	c prison admission. By policy dentures will be provided when exists. Dr. Dransite has ordered a dietary consultation to tatus to determine if you qualify under theepolicy. The dietiered diet to assist with your chewing. Respectfully, Authentication: Date of Commissioner's Action:
a ni asso may To:	l, a condition prior to itritianal deficienty of ess your nutritional states also affer you an alto COMMISSIONER	c prison admission. By policy dentures will be provided when exists. Dr. Dransite has ordered a dietary consultation to tatus to determine if you qualify under theepolicy. The dietiered diet to assist with your chewing. Respectfully, Authentication:

(FORWARD ALL THREE COPIES. WHITE WILL BE FILED IN OFFENDER RECORDS, CANARY TO RESPONDER

AND PINK TO GRIEVANT.)

INSTRUCTIONS FOR USE OF GRIEVANCE FORM

- 1. Fill in date sent.
- 2. Fill in your name.
- 3. Fill in your number; for prisoners, and parolees your prison number; for probationers your social security number or driver's license number.
- 4. Prisoners fill in your housing assignment; others your mailing address.
- 5. Briefly describe your grievance. Use additional blank pages or attachments if necessary. Provide enough information so that the recipient can understand the problem.
- 6. Sign the form. You are cautioned that if investigation of your grievance discloses that you were untruthful or misrepresented the facts, you will be disciplined for that violation.
- 7. The form MUST be sent to the Warden if you are a prisoner. Parolees and probationers MUST send the form to the Director of Field Services. The Warden or Director of Field Services will respond within fifteen (15) working days of receipt of the form. If resolution or investigation will take longer than 15 days, you will be provided an interim reply.
- 8. If the response from the Warden or the Director of Field Services does not resolve the issue satisfactorily, you may then file the grievance with the Commissioner. The Commissioner will respond within twenty (20) days with a final or interim reply.
- 9. Prisoners MUST use request slips to attempt to resolve issues prior to submitting a grievance. Grievances will not be accepted unless it is demonstrated that request slips have not worked or unless the grievance is a bonafide emergency or life-threatening situation. Attempts to by-pass the request slip system will simply be returned without action unless the grievance clearly shows earlier attempts to use the request slip system or that the situation is a bonafide emergency or life-threatening.
- 10. Grievances sent to the Commissioner by prisoners without evidence of the Warden's earlier action will be returned without action.
- 11. The grievance form may be used for second level appeals of disciplinary board results at the prison if the original appeal on a request-slip was rejected in whole or in part under the following rules:
- a. Only two types of appeals are grievable: (a) allegations of procedural violations stating what procedural or process errors were made; or, (b) allegations of sentence disproportionateness alleging that the sentence was excessive and stating the reasons why.
- b. Questions relating to guilt or innocence or insufficiency or invalidity of evidence are <u>NOT</u> grievable at the second level (but they may be appealed at the first level on a request slip).
- c. Minor board results may be appealed to the Administrator of Security on a request slip. If the Administrator's response does not satisfy the inmate he may appeal to the Warden on a grievance form. The Warden's response on a minor board is final.
- d. Major board results may be appealed to the Warden on a request slip. If the Warden's response does not satisfy the inmate he may appeal to the Commissioner on a grievance form. The Commissioner's response on a major board is final.
- e. Appeals must state clearly what is being appealed and the reasoning upon which the appeal is based.